



**GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS**

**2 Peachtree Street, N.W.**

**36<sup>th</sup> Floor**

**Atlanta, Georgia 30303**

**(404) 656-3913**

**(404) 656-9723 FAX**

**APPLICATION FOR INACTIVE STATUS**

Fee for Inactive Status \$140.00

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

**License No.** \_\_\_\_\_

**Inactive Status Request Date:** \_\_\_\_\_

**You must return your license wallet identification card to the Board with your fee and application.**

**360-2-.06 Inactive Licensure Status. Amended.**

A licensee who wishes to maintain his or her medical license but who does not wish to practice medicine and surgery in this State may apply to the Board for inactive status by submitting an application and the fee. A licensee with an inactive license may not practice medicine in this State.

**I understand that my license will become inactive and that I may not practice medicine in the State of Georgia once my application and fee are received by the Board.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**